

# Rural Transportation Voucher Program for People with Disabilities: Three Case Studies

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## ABSTRACT

The lack of transportation is one of the most frequently cited problems facing people with disabilities living in rural areas. This research explores a voucher program for rural transportation. Three case studies of programs implementing a voucher framework, supported in part by volunteers, are presented. These demonstrations were conducted in seven rural, "frontier," counties in two states. The population density of the seven counties averaged less than six people per square mile. One program was administered by an independent living center; two, by developmental disabilities case management service programs. The vouchers themselves provided a measurement method for evaluating the scope and use of transportation. Our analysis shows that 35,000 miles of rides were provided for employment, daily living, evening and weekend social purposes, and non-emergency medical treatment at a relatively low cost.

## INTRODUCTION

There are approximately 13.2 million people with disabilities living in rural areas of the United States (Seekins 1995). The lack of transportation is one of the most frequently reported problems facing this population and the rehabilitation providers who

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serve them (Kidder 1989; Page 1989; Tonsing-Gonzales 1989; Nosek et al. 1992). Despite the significance of this problem, few models for delivering transportation to people with disabilities in rural areas have been reported.

Over 20 years ago, Kidder (1989) demonstrated a rural transportation model for people with disabilities that involved forging transportation cooperatives among agencies who had purchased vehicles with federal funds. For example, a senior citizens' program, a mental health center, and a developmental disability service provider could form a cooperative by combining their vehicles and transportation budgets to create a community transportation cooperative serving people with disabilities and not just each agency's clients. Her research demonstrated that such an approach was financially feasible and effective. Unfortunately, her approach has not been widely adopted because, in part, it requires agreement and cooperation between multiple agencies, which often fear loss of control and income. Further, it requires a community of sufficient size to have at least two agencies with access to vans and are willing to cooperate. This means that smaller, more remote, rural areas are often without a transportation option.

In response, a handful of voluntary transportation programs have emerged to address the transportation needs of individuals with disabilities living in sparsely populated rural areas (e.g., Mathews 1992). Forms of this model have emerged in several rural service programs, ranging from agencies that coordinate volunteer rides to those that administer funds to subsidize individuals who seek their own transportation. These programs include organizations operated by statewide support groups for adults with visual impairments (e.g., Visions Northwest, in Oregon) and independent living centers (e.g., SUMMIT, Inc. in Montana). The systems vary in their structure and operation but share the characteristic of transportation provided by volunteers using their personal vehicles, and by public and private providers.

An additional feature of such systems is that they are compatible with an independent living philosophy that calls for maximizing individual control and community integration of people with disabilities (DeJong 1983; National Council

on Disability 1997, 19). These programs offer a relatively unexplored alternative to rural transportation for people with disabilities, using community volunteers or local transportation providers to get resources directly to consumers. These models can be referred to in general as Supported Voluntary Rural Transportation Systems (SVRTS). In essence, these projects point to the development of a rural transportation voucher system. However, such projects have received little attention.

Voucher, or user-side subsidy systems, are permissible under the Non-Urbanized Area Formula (Section 5311) of the Urban Mass Transportation Act (USDOT 1992). A variety of individuals and organizations are eligible to apply for these funds, including nonprofit organizations and local transportation districts. Interestingly, voucher systems are also permissible under the Elderly and Persons with Disabilities Program (Section 5310), which is typically used for purchasing vehicles for private nonprofits. These funds may be used for operating and capital expenses for periods of longer than one year.

A review of the use of vouchers systems, however, indicates that fewer than 25 communities around the nation have employed this approach (USDOT 1994). These programs included 6 area agencies on aging, 5 private taxi companies, and 14 fixed-route bus services. Of these, 18 (72%) specifically addressed issues of transportation for people with disabilities.

The goal of this research was to develop and evaluate the practicality of a voucher model for increasing access to transportation for people with disabilities living in rural areas. A secondary goal was to develop measures for monitoring such programs. Specifically, we examined the legal and operational issues of expanding community-based services using trip vouchers supported by existing providers and by volunteer drivers.<sup>1</sup>

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<sup>1</sup> The Community Transportation Association of America uses two general administrative categories when assessing the effectiveness of volunteer and other transportation services. Agency-based services are operated by nonprofit groups usually with paid staff. Community-based services are operated by volunteer boards of directors set up specifically for transportation, including services using volunteer staff or drivers (Studebaker 1990).

## METHODS

A total of 232 individuals with disabilities were identified as eligible to participate in three projects. Of these, 90 used vouchers for trips during the three studies. The target areas for this research were 7 counties in Montana and South Dakota, comprising some 15,376 square miles with a population of 81,214, which is 5.28 people per square mile. Table 1 lists the three agencies, the counties they serve, and the census counts of the number of people with disabilities in each.

In each of the three major settings, the voucher system was implemented by a private nonprofit agency serving the area. In northeastern Montana, a case management agency, Aware, Inc., took primary responsibility for operating the program in the five counties it served. This program serves adults and children with developmental disabilities. In Ravalli County in southwestern Montana, a local residential and work program for adults with developmental disabilities, Ravalli Services Corporation (RSC), operated the model. In Yankton, South Dakota, an independent living center serving primarily adults with physical disabilities, Prairie Freedom Center (PFC), operated the voucher program.

Each of the transportation systems reported here had both shared and unique features. Unique features of each are described in detail below. Programs shared the following features: 1) each was administered by an established agency that

provided liability coverage through volunteer clauses in the agency's insurance,<sup>2</sup> 2) each used vouchers that were given to consumers directly, 3) each agency was a 501 C3 community-based program providing services to people with disabilities, 4) the vouchers were used to purchase rides from independent providers, and 5) the vouchers themselves provided a means for evaluating the system.

Each transportation coordinator received a copy of operating instructions for an SVRTS Program.<sup>3</sup> The manual provides background and guidelines for starting a local voucher program. It includes descriptions of existing voucher programs, examples of vouchers, how to calculate reimbursement rates, how to look for additional funding, and, if necessary, how to apply for vehicles. The observations from each site are reported below.

<sup>2</sup> There are several legal issues involved in providing transportation services. In a system that uses volunteers, one of the major issues is liability insurance. In general, small transportation programs using volunteers can be covered through an agency's liability and excess non-owned auto insurance. For a copy of a legal brief on these liability issues, contact the first author.

<sup>3</sup> This manual is available by contacting the RTC: Rural, 52 Corbin Hall, University of Montana, Missoula, Montana 59812, by calling 1-800-732-0323, or by email at <http://ruralinstitute.umt.edu/rtrcrural>.

**TABLE 1 Demographics**

<b>Program and state</b>	<b>County</b>	<b>Total 1993 population</b>	<b>People with work disabilities</b>	<b>People with mobility and self-care limitations</b>	<b>Square miles</b>
Aware, Inc., Montana	Daniels	2,266	64	11	1,426
	Richland	10,716	562	148	2,084
	Roosevelt	10,999	541	142	2,356
	Valley	8,239	453	60	4,921
	Sheridan	4,732	216	56	1,677
Ravalli Services, Montana	Ravalli	25,010	1,733	332	2,394
Prairie Freedom Center, South Dakota	Yankton	19,252	1,013	212	518
<b>Total</b>	<b>7</b>	<b>81,214</b>	<b>4,582</b>	<b>961</b>	<b>15,376</b>

## DATA COLLECTION AND ANALYSIS

A four-part carbon-copy voucher form was used to facilitate tracking across multiple agencies. Each voucher presents places for the user to record the date of the trip, its purpose, the provider, and (in studies 2 and 3), a mileage estimate. A participant filled out the voucher form and gave it to the driver. The driver kept the original and submitted the rest to the sponsoring agency for reimbursement. A copy went to the case manager for records. The final two copies went to the agency bookkeeper for reimbursement and then on to the two funding sources for evaluation.

Three case studies (Cook and Campbell 1979, 207; Kazdin 1992; Yin 1993) of the use of the voucher system are presented. Data are summarized and plotted as cumulative rates (Skinner 1969, 81) to provide for visual inspection of the time-series data on system performance (Furlong and Wampold 1982).

### Study #1: Yankton, South Dakota

Two staff members, the area director and the bookkeeper, of the PFC allocated a small portion of their time to this project and administered the Yankton program. The PFC is an independent living center (ILC)<sup>4</sup> satellite office in Yankton County, South Dakota. First, the PFC staff and a state Department of Transportation consultant conducted an assessment of local transportation needs of their consumers and of several other agencies (Schauer 1994). This assessment of the entire county showed an estimated 16,000 unmet trips per year for 982 potential riders, including people with disabilities, the elderly, and other transportation-disadvantaged groups. Second, the PFC staff took the lead role among agencies for printing and distributing vouchers. Third, the PFC established cooperative agreements with the local taxi service and the local community transportation provider.

<sup>4</sup> Independent living centers are typically private nonprofit organizations that provide peer counseling or support, advocacy, and other disability-related services to individuals with disabilities. The majority of the boards of directors of these organizations are required to be individuals with disabilities.

These providers agreed to honor the vouchers and provide rides when requested at the prevailing rate or fare structure. Fourth, procedures for defining eligibility and for allocating vouchers were developed, based on disability and income. Twenty-six specific disability conditions or characteristics (e.g., SSDI recipient, observable physical impairment, medical report) were used as guidelines. Table 2 shows the sliding scale used to determine voucher allocation.

The Yankton site chose to limit its service area to Yankton County and to use two established transportation providers. In order to avoid issues of organizational liability, the PFC also chose not to use volunteer drivers.

The program began in June 1995. Thirty-five individuals applied for the program, and 32 met eligibility criteria and were accepted. Additional applicants applied over the next several weeks. A total of 59 individuals applied for participation in the voucher program and 55 (93%) met the criteria, were accepted, and received 1,632 vouchers.

After distribution, participants were free to use the vouchers as they needed. Consumers were responsible for arranging their own rides, and providers were responsible for submitting vouchers for payment. Other than processing new applicants and payment, the ILC staff had no other responsibilities.

Of the 1,632 vouchers distributed, 891 (55%) were reimbursed by the ILC. Use paralleled distribution but was consistently lower. This means that either consumers still held a considerable number of vouchers at the end of the project, providers did

**TABLE 2 Eligibility Determination Guidelines**

<b>Declaration of income</b>	<b>Subsidy per trip</b>
<b>Single individuals</b>	
\$0-\$500 per month	\$1.25
\$501-\$750 per month	\$1.00
\$751-\$900 per month	\$.75
<b>Married or single applicants with dependents</b>	
\$0-\$700 per month	\$1.25
\$701-\$900 per month	\$1.00
\$901-\$1,200 per month	\$.75

not submit some vouchers for reimbursement, or a combination of both.

Figure 1 presents the cumulative number of rides provided over the 581 days of the project. The rate of utilization remained low for several months but began increasing after about 200 days. A total of 1,143 rides were provided over the 581 days of service for an average of approximately 2 rides per day.

Figure 2 presents the types of rides taken over the 581 days. Of those rides for which a purpose was recorded, 88 (14%) were reported as being for non-emergency medical purposes; 301 (50%) were for daily activities or social purposes; and 215 (36%) were for education or employment.

The total reimbursed cost of rides was \$1,278.25 for an average of \$1.12 per ride. In this case study, data were not available to calculate the distance of trips or the match of personal resources and vouchers.

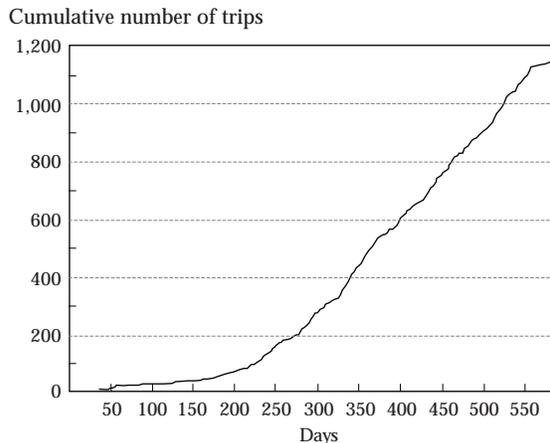
### Study #2: Northeastern Montana

The northeastern Montana program was administered by Aware, Inc., a case management provider for people with developmental disabilities that serves five counties. One case manager distributed vouchers and monitored their use. The organization's bookkeeper allocated a small portion of her time to making payments to drivers for vouchers.

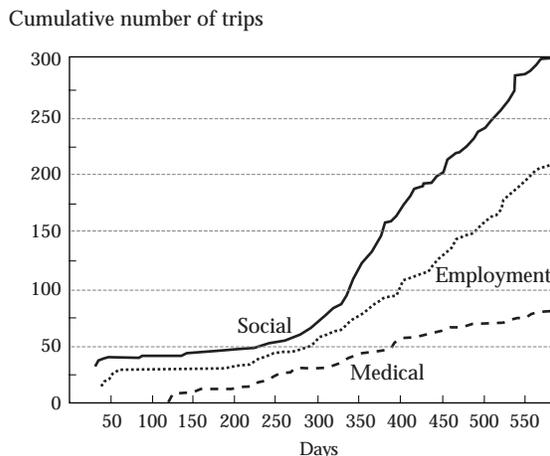
The Montana Developmental Disabilities Planning and Advisory Council (DDPAC) identified rural transportation as one of the more pressing issues to address. In response, the researchers, in collaboration with Aware, Inc., developed and evaluated a voucher system for addressing the transportation needs of adults and children with developmental disabilities. DDPAC and the University of Montana provided the funds to operate the system. The university-based researchers evaluated the program. Aware, Inc. served as the lead agency for the system's operation. This included providing liability coverage for volunteer drivers through its corporate insurance.

Unlike the Yankton site, this program used volunteer drivers almost exclusively. Aware, Inc. sent a letter to consumers, family members, and other service providers describing the program and solic-

**FIGURE 1 Cumulative Number of Trips Taken in Yankton, South Dakota**



**FIGURE 2 Types of Trips Taken in Yankton, South Dakota**



iting the participation of volunteer drivers. Drivers were required to have valid licenses, the state's minimum liability insurance for their vehicles, and good driving records. These requirements were verified by the case manager. In addition, drivers provided this information on the voucher form. A total of 28 drivers participated over 12 months.

To determine the value for the vouchers and the number each participant could receive, researchers examined average one-way trips based on Section 5311 and 5310 data reported to the Montana Passenger Bureau (Montana Department of Commerce 1990) by the only taxi located in one community of the service area and by bus services in the five-county area. These data suggest that an average trip within limited service areas and times would cost approximately \$3. Volunteer drivers were reimbursed at 29¢ per mile with a potential-

ly unlimited service area or schedule. This reimbursement rate for volunteers was set to avoid triggering personal tax consequences.

Aware, Inc. developed criteria appropriate for the region to be served. One criterion was that the voucher recipient be eligible for developmental disability case management services. Additional criteria included people who were receiving no services from existing social or vocational providers, were on waiting lists, were receiving limited services, could not access existing transportation resources from their current provider (e.g., vocational program van services that did not serve the area or did not operate during times when rides were needed), or could not afford to pay for transportation. The transportation coordinator/case manager identified 143 consumers who met these criteria and distributed vouchers to them.

Figure 3 presents the cumulative number of trips taken over the one year of operation. Twenty-nine individuals (20.3%) used the vouchers for a ride at least once. During this time, consumers took approximately 176 trips, totaling 30,957 miles. Employment trips made up 2% of the trips taken, 36% were for non-emergency medical trips, and 63% were used for shopping or visits to family.

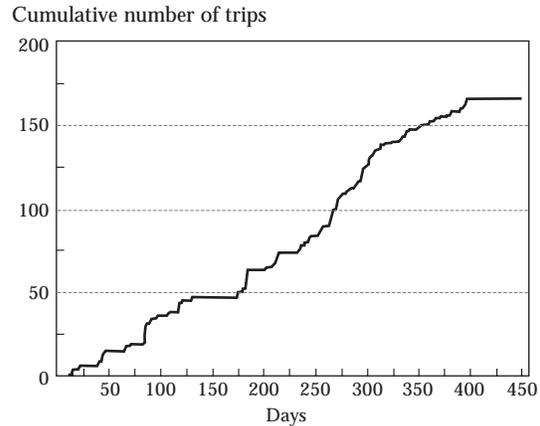
Figure 4 presents the cumulative number of miles of travel provided over the year. The distance of trips averaged approximately 176 miles but ranged from 4 to 1,037 miles. Figure 5 presents the cumulative costs for providing rides.

Consumers frequently used vouchers to visit families who lived at great distance. A substantial number of trips were also made to larger towns for shopping and recreational activities not available locally. Most of these trips were taken on weekends and holidays when transportation is often not available from the agencies serving consumers. The total cost of reimbursed rides was \$8,978.

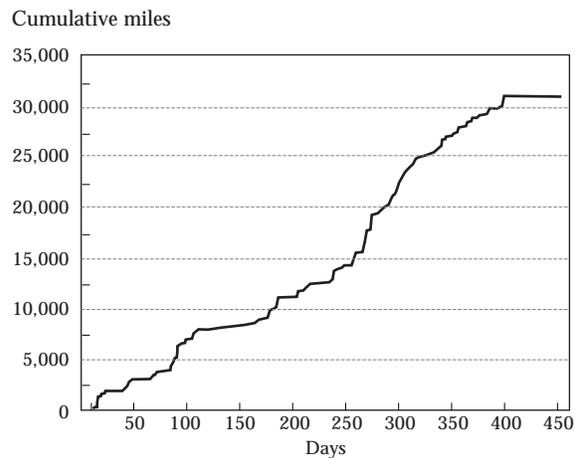
Individuals decided how to use their vouchers, where they wanted to go, and when. The case manager, family members, or agency staff provided assistance in arranging rides. After providing rides, drivers submitted the vouchers to Aware, Inc., for payment.

Examining these three figures reveals a general parallel in both trips and miles. These do not necessarily correspond, however, since trips with

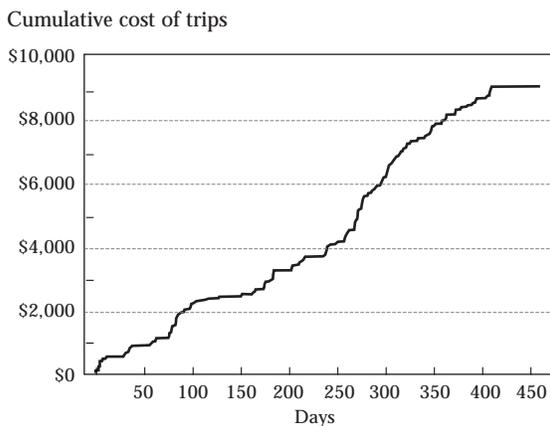
**FIGURE 3 Cumulative Number of Trips Taken in Northeastern Montana**



**FIGURE 4 Cumulative Miles Traveled by Participants in Northeastern Montana**



**FIGURE 5 Cumulative Costs of Trips Taken in Northeastern Montana**



shorter distances during a given period allowed more total trips during that period.

Figures 3, 4, and 5 show a sporadic start for the program, perhaps because people were unfamiliar

with it. Figure 3 also shows an extended period of no transportation between days 133 and 170 when the demonstration was temporarily suspended. Over time, the rate of trips slowly increased and became more regular. At the same time, the miles of trips began to decline. These patterns provide an interesting contrast with those of the following program.

### Study #3: Ravalli, Montana

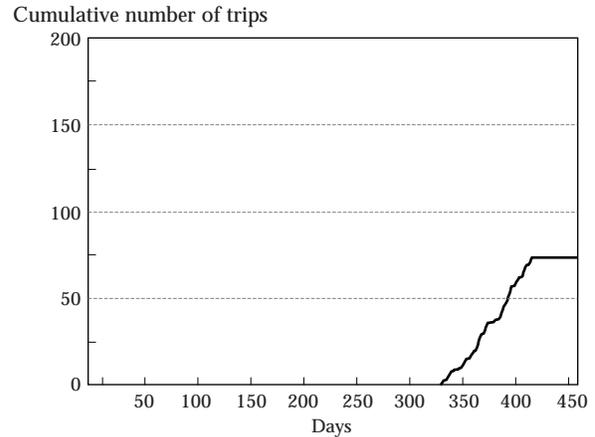
Ravalli Services Corporation (RSC) expressed interest in starting an SVRTS program to address transportation problems in its rural service area of southwestern Montana. RSC, a developmental disabilities case management and vocational services provider, served as the lead agency. This included providing liability coverage for volunteer drivers through the volunteer clause of its corporate insurance. The RSC Supported Employment (SE) Coordinator distributed vouchers, monitored their use, and managed payments.

Like the northeastern Montana site, this program used volunteer drivers almost exclusively. This program, however, was used primarily for employment-related transportation. Participants were defined as those who were served by RSC but who were unable to access employment because of transportation problems. The SE Coordinator, who coordinated the voucher program, identified 34 consumers who met this criterion. He recruited potential drivers from the agency and the community. Drivers were required to have valid licenses, the state's minimum liability insurance for their vehicles, and good driving records. These requirements were verified by the Coordinator. In addition, drivers had to provide this information on the voucher form. A total of 17 drivers participated over 3 months.

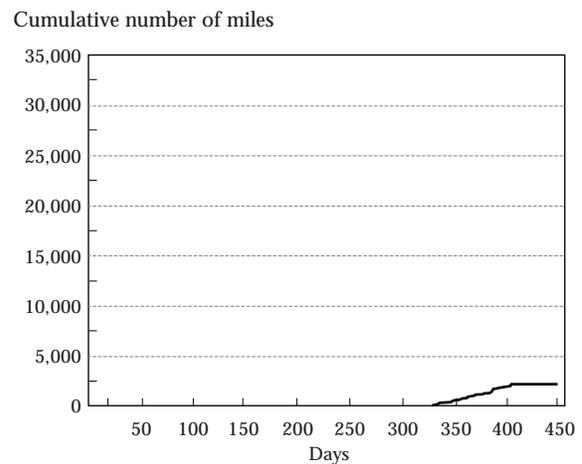
The SE Coordinator was aware of consumers' work schedules, so he scheduled the trips. The drivers then contacted the consumers to make arrangements for the ride (i.e., pickup place, destinations, etc.). The value of rides was set at 29¢ per mile, based on IRS reimbursement rates for volunteers.

Figure 6 presents the cumulative number of trips taken in the program. To date, of the 34 eligible individuals, six clients (17.6%) have used the

**FIGURE 6 Cumulative Number of Trips Taken in Ravalli County, Montana**



**FIGURE 7 Cumulative Miles Traveled by Participants in Ravalli County, Montana**



vouchers for trips to work during the program's operation. Some individuals used more than one driver, and some only used their vouchers for one trip. These six consumers took 74 trips over 87 days of operation. Of these, 72 trips (97%) were trips to and from work. Two were trips for medical reasons.

Figure 7 presents the cumulative miles of trips taken over the 87 days of operation. Trips averaged 31 miles but ranged from 14.1 to 283 miles. Figures 6 and 7 are presented on the same scale as figures 3 and 4 to permit ease of comparison. Examination of these graphs shows that the Ravalli program, focusing on employment-related rides, had a faster and more stable rate of trips taken. The slope of the cumulative number of miles traveled shows a stable but slower rate of growth. This is consistent with the substantially shorter

average trip distance in the Ravalli case. The contrast makes sense in light of the primary use of vouchers in these two areas. Use of vouchers in the northeast program was mainly for weekend, holiday, and shopping trips, which require longer but intermittent trips. Vouchers in the Ravalli program were used for daily trips to work.

## COST COMPARISONS

An important consideration in assessing any transportation program is the efficiency with which it provides services. Ten regular transportation programs in Montana serving rural elderly and disabled people reported the average annual cost per person was \$1,054 and ranged from \$500 to \$1,900. Their cost per mile ranged from 64¢ to \$3.20 per mile (e.g., Montana Department of Commerce 1990). The three SVRTS programs had slightly different purposes, consumer bases, service areas, and structures; they averaged less than 29¢ per mile and had an annual cost per person that ranged from \$28 to \$566. While comparing programs in this manner should be done cautiously, these data suggest that SVRTS programs can be a cost-effective option in rural areas. Also, it is important to note that the Yankton SVRTS program represents a sliding scale subsidy while the other SVRTS programs offered fixed-rate reimbursement. These variations make comparisons difficult.

## DISCUSSION

This report summarizes the efforts of three rural communities to expand transportation options available to people with disabilities through the use of a voucher system. The vouchers themselves provided the primary measures for evaluating the program. Over 35,000 miles of transportation were provided to 90 people with a broad range of disabilities living in rural areas. The trips were for employment, medical, daily living, and social purposes at a relatively low cost. Agency staff easily organized and administered the program. Consumers used the vouchers to secure rides to meet their needs. As such, these data suggest that voucher systems can be a viable means of providing transportation to people with disabilities living in rural areas.

The case study approach used here has several advantages. It is relatively easy to organize within one community at a time. Developing interventions in one community at a time permits flexibility in adapting to local circumstances. The small-scale, incremental steps also allow for refinement of procedures and measures. This research method is also relatively inexpensive. It does not provide for direct comparison of models or applications using statistical controls, however. Rather, it requires the accumulation of examples to build understanding and confidence. It can also serve as a preliminary step toward a large-scale study.

An important limitation to the study is that no data were collected about other transportation methods used by participants. Further, no baseline data of transportation used were collected. As such, these data do not allow us to determine whether vouchers increased the amount of transportation, supplanted, or simply supplemented current access. Further research is needed to collect data on the use of various transportation modes and needs for an extended baseline period. Such data would permit an examination of the relative use of modes of transportation by individuals.

Two surprising observations were that fewer people became involved in the SVRTS program than were eligible and, of those involved, fewer people used the vouchers or used fewer vouchers than anticipated. There are many potential explanations for lower participation in the system than expected. Local rehabilitation providers may have overestimated needs. Agencies may not have advertised or recruited eligible individuals outside of their immediate service networks. In those programs where consumers arranged their own rides, some may have been reluctant to participate because of the greater responsibility placed on them. Given the structure of everyday life experienced by many actual and potential riders with disabilities, vouchers may have required more individual responsibility and effort than some were willing to take. Anecdotally, some potential participants also declined to participate when informed of the program and, in fact, objected to it because it was sponsored by a government agency.

For those who did participate, lower use may have been associated with participating in a new

program. During site visits some consumers, case managers, and drivers expressed awkwardness in using vouchers or receiving reimbursement. Use clearly increased over time. The fact that each of the programs was in operation for approximately one year suggests that a long-term commitment to making vouchers available may be needed in order to see more extensive day-to-day use.

Another explanation for the lower than expected rates of use may be that some participants were saving vouchers for longer trips or emergencies. Anecdotally, many participants in the northeast Montana demonstration saved their vouchers and used them for trips to cities or for visits to distant family, rather than for local travel.

On the other hand, the lower than expected use may reflect less unmet demand than was assumed by advocates and providers. Service providers consistently report transportation as one of the most pressing problems for people in rural areas. To date, however, little effort has gone into using comprehensive data from multiple sources to document how transportation can be used to meet estimated demand.

Although this review does not offer a detailed cost analysis of an SVRTS program, adding a voucher component to an existing system may not increase the administrative and maintenance costs significantly, since many community agencies provide transportation that people with disabilities might easily purchase with vouchers. Expanding available transportation using vouchers and volunteers may be less expensive than hiring additional drivers or purchasing, maintaining, and insuring a vehicle.

A perennial question when organizing transportation services that involve volunteers is liability and excess non-owned auto insurance. Aware, Inc. and Ravalli Services Corporation each had policies that provided coverage for volunteers who used their own vehicles, which presented no additional costs.

Voucher systems can offer many advantages over traditional systems. First, more hours of ser-

vice can be available to riders because rides are not necessarily restricted to the time and days of operation of scheduled services. Second, there may be less direct cost to service agencies. Third, vouchers can increase public/private cooperation and business for local bus services or taxis. Fourth, voucher systems can be started incrementally with minimal investment or risk. Finally, the use of vouchers can be monitored with a high degree of detail and accuracy because trips are documented and paid for as they occur, similar to a fee-for-service arrangement.

There may also be disadvantages to voucher systems, including the potential for unexpected increases in trip demand that surpass capacity, unexpected surpluses in available vouchers, limits in the number of subsidized trips available to riders, and the potential for misuse without an adequate monitoring program. Some service agencies may also be reluctant to shift to a voucher system because they fear losing a visible identity in their community (e.g., a van with their name on it).

Transportation remains a significant problem for people with disabilities living in rural areas and for those who serve them. Research into innovative models using small-scale, case-study methods may be a particularly useful approach to exploring alternatives. It also provides a flexible strategy that allows for creative experimentation and the tailoring of projects to community customs and needs.

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